



# VACATION BIBLE SCHOOL

Registration Form

July 8-12, 2019

9 am till Noon - Age 2 - Grade 6 completed

Student Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

School Grade (*JUST COMPLETED*) \_\_\_\_\_

Allergies or other medical information:

\_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone or Cell# \_\_\_\_\_

Emergency Contact & Phone #'s (*Other than above*)

\_\_\_\_\_

Brothers or Sisters (Names & Ages)

Church affiliation \_\_\_\_\_

*Christ Episcopal Church & Grace Lutheran Church  
26 West Boscawen Street Winchester, VA 22601  
662-6678*